



STRATEGIC NATIONAL STOCKPILE

FREQUENTLY ASKED QUESTIONS (FAQs)

Please consider the FAQs a “work in progress” draft – MDPH will be adding to this document as questions from communities arise in the future.

This document assumes the reader’s familiarity with the Emergency Dispensing Site Management and Operations component of the Template for Infectious Disease Emergency Plan.

Send questions/comments to edsinfo.dph@dph.state.ma.us.

Q: What is the SNS?

A: The Strategic National Stockpile (SNS) is a federal emergency response program managed collaboratively by the U.S. Department of Homeland Security (DHS) and the U.S. Centers for Disease Control and Prevention (CDC). The SNS consists of pharmaceuticals and other medical materiel that states can request in the event of a public health emergency, such as pandemic influenza, or a man-made or natural disaster. For additional information on the SNS, please visit <http://www.bt.cdc.gov/stockpile>.

Q: What is in the SNS?

A: The materiel available from the SNS includes core, pre-packaged pharmaceuticals targeted at specific threats, as well as a range of other pharmaceutical and medical equipment. There are several discrete components of the SNS program, each with its own inventory, including antibiotics, vaccines, antitoxins, and medical/surgical supplies. While the SNS program adjusts the inventory to address emerging threats and medical needs, the following are administered by the SNS as standard emergency supplies:

- **12-Hour Push Package**

The 12-hour push package (PP) contains approximately 50 tons of materiel pre-packaged and pre-staged in secure locations around the nation. The intent of the push package is to provide materiel for immediate emergency needs.

The push package is so named because it is a pre-identified, pre-packaged inventory that can be ‘pushed out’ to the requesting state requesting medical assets. The “12 hour” portion of the name indicates that the push package will be delivered to a state within 12 hours of a request.

- **Managed Inventory (MI)**

Another component of the SNS is managed inventory (MI), which utilizes medical materiel maintained by vendor partners of the CDC. These products will be made available to the CDC in a time of need, with the state's request tailored to the requirements of a specific incident. For example, the CDC may send material from the MI to Massachusetts if a particular biological agent were identified during a public health emergency, and for which other items within a push package were not needed or the materiel was not a core component of a push package.

- **CHEMPACK**

The CHEMPACK program facilitates the rapid deployment of chemical agent antidotes (atropine and pralidoxime) in order to more quickly respond with needed medication to the site of a chemical exposure.

Q: How does a state access materiel from the SNS?

A: In an emergency, the Massachusetts Department of Public Health (MDPH) would recommend the request for deployment of the SNS to the Governor of the Commonwealth. The Governor would then make a formal request for assistance from the CDC, who would then deliver/deploy SNS assets to Massachusetts.

Q: How do cities and towns receive medical materiel from the SNS?

A: All municipalities in Massachusetts have identified Emergency Dispensing Sites (EDS) which, when activated, will provide necessary antibiotics/vaccine to all residents, visitors, travelers, and students in their community should the need arise. In identifying the EDS throughput figures (number of people to be treated per hour), the municipality's local health officials also indicated how rapidly the medication would be dispensed/administered, and what their anticipated daily operational period would be (e.g. 24 hours, 16 hours, etc.). MDPH has utilized this information to formulate an apportionment of antibiotics and vaccine for each day, in preparation for an event. Each municipality will automatically receive its allotment four to six hours prior to when the EDS is expected to open for administering to the general population.

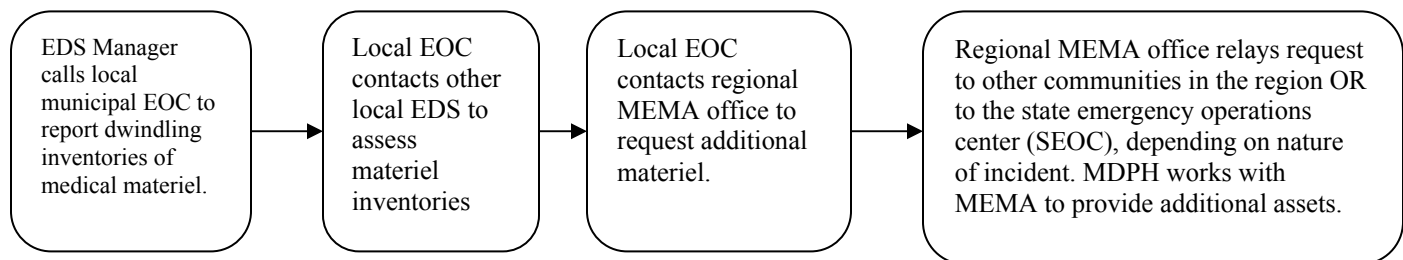
Q: Are SNS assets prioritized for emergency response procedures?

A: Yes. On day 1, the initial allotment will also contain additional medication/vaccine to treat first responders and pre-identified strategic personnel who are necessary to accomplish the mission of orderly medication dispensing and/or administration.

Additionally, the immediate family members of these responders would also receive early treatment.

Q: How do cities and towns ask for additional medical materiel from the SNS?

A: Cities and towns will request additional medical assets as they would request any asset necessary to respond to a disaster situation. The EDS manager would contact the local Emergency Operations Center (EOC) or the local emergency management director for the municipality and make the need known, as identified in the municipality's local plan. The local EOC will initially look locally at other close-by EDSs to move excess medication to the requesting location. If the needs can not be met locally, the request will be forwarded to the municipality's respective regional Massachusetts Emergency Management Agency (MEMA) office. Depending on the nature of the incident, there may be sufficient supplies already within the MEMA region to meet the request. Should the MEMA regional office not be able to meet the request, the request will be forwarded through the regional MEMA office to the State Emergency Operation Center (SEOC), which will notify the MDPH warehouse operation, and supplies will subsequently be distributed from that location.



Q: Does the federal government provide assistance with SNS deployment?

A: Yes. A team of six to ten CDC personnel and two U.S. Marshals comprise a Technical Advisory Response Unit (TARU) team, which arrives prior to the SNS assets, and monitors the states' SNS operations, providing guidance and technical assistance to the state SNS team as needed. The TARU also offers a means of redundant communication to CDC.

Q: How will the SNS get to the pre-identified emergency dispensing sites (EDS)?

A: MDPH developed a plan for the warehousing and delivery of SNS materiel when it arrives from the CDC. From the state's warehouse(s), MDPH's plan provides for the apportionment and distribution the materiel to EDSs and treatment centers (hospitals) statewide. Initially, sufficient materiel will be delivered to the sites to meet the first 24 hours of operation. Additional materiel will be delivered daily to all sites to maintain site operations.

Q: How many EDSs will be needed in Massachusetts to treat the entire population?

A: MDPH estimates that anywhere from 400 to 700 sites might be needed to treat all 6,500,000 residents of the Commonwealth, in the accelerated response time frame dictated by the incident.

Q: What is the time frame to dispense these emergency medications to our local population?

A: The exact window of time will depend on the specific threat to which MDPH is responding, and will be based on epidemiological review by state and federal health officials. The response may be in as little as 48 hours to as many as five days or more. Some agents may require a single administration of a vaccine or a daily regimen of oral antibiotics. (Note - the treatment for anthrax exposure with oral antibiotics requires a sixty day regimen.)

Q: Do MDPH staff accompany the SNS assets once they are delivered to the local EDS, or is it just dropped off?

A: If the SNS is deployed anywhere in Massachusetts, MDPH personnel will report to the State Emergency Operations Center (SEOC) and regional MEMA offices, where they will be able to provide technical assistance and advice to local communities. Ongoing local planning, exercises and drills are a critical component of the SNS program in order to enhance local response capacity.

Q: How long does it take to get the SNS?

A: As stated previously, the SNS assets will arrive in the state within 12 hours of request, and will continue to arrive until the emergency has subsided. Once at the state's warehouse, it will take several hours to receive, store, stage and apportion the materiel before it can be shipped to the EDS locations. Therefore, our planning guidance states that it will be approximately 24 hours from the time a community is instructed to activate its EDS(s) before dispensing to local residents can commence.

Q: How are the antibiotics in the SNS packaged?

A: All oral medication in the SNS caches come in unit of use containers packaged for a ten-day regimen. Some medications will require additional preparation before dispensing to children.

Q: Does SNS distribution require a registered pharmacist be present to dispense the medication?

A: At this time the federal government has established an Emergency Use Authorization which waves the need for pharmacists to be present during emergency operations. The Commissioner of Public Health may also wave state regulations to facilitate dispensing.

Q: We understand that acute care hospitals in Massachusetts also have stockpiles of medications that can be used in an emergency. Do communities have access to these medications?

A: The primary intent of the hospital caches is for the purpose of workforce protection for personnel at the hospitals. The logic behind the maintenance of the caches is to protect medical professionals and hospital staff from infectious disease so they can continue to treat those who are brought to their healthcare facilities.

Q: Massachusetts has three (3) Metropolitan Medical Response System (MMRS) communities. Are the MMRS equipped with pharmaceutical caches?

A: Yes, MMRS have been provided with pharmaceutical caches by the federal government. The intent of MMRS caches is for workforce protection, in this case for first responders in those participating MMRS communities (Boston, Worcester, and Springfield).

Q: In the case of an event requiring EDS activation to administer mass immunizations, what types of individuals can give immunizations besides nurses and physicians (e.g. pharmacists, veterinarians, etc.)?

A: During a large-scale emergency response, local communities will need to call on non-traditional resources to fill many clinical roles. Anyone with the appropriate clinical training may be considered, including retired practitioners. The key to planning for such an event is to assess your needs beforehand to determine, to the best of your ability, what staffing is available through local resources.

In addition, for smallpox vaccine administration, non-health care community members can receive just-in-time training to vaccinate. This training is currently available through MDPH. Contact your regional local health coordinator to arrange for training all personnel, professional and otherwise.

Q: How will people in facilities such as prisons or nursing homes be treated?

A: MDPH is currently working with the pharmaceutical providers for prisons and nursing homes in order to have medications directly delivered to these facilities. This approach will alleviate the burden from the cities and towns by removing these populations from consideration.

Assisted living facilities, senior living communities and housing authorities will be the responsibility of the municipality, as many do not receive pharmaceutical deliveries from contracted providers. Cities and towns should consult with the administrative officials at these facilities to determine the best route for providing SNS materiel to these populations (e.g. a pick up by an official at the EDS prior to opening, etc.).